

Date Filed _____ Application No. _____
Prelim. Plat Approval Date _____ Receipt No. _____
Site Plans _____ Accepted by _____

APPLICATION FOR FINAL PLAT APPROVAL

1. Subdivision Name _____
2. Subdivision Location (general) _____
3. Land Area (sq. ft. and/or acres) _____
4. Number of Lots Proposed _____
5. Present Zoning _____ Use _____
6. Pending Zoning (if applicable) _____ Proposed Use _____
7. Please explain any provisions of conditional preliminary plat approval and your compliance with those provisions (attach additional sheets if necessary):

8. If any changes have occurred between the approved preliminary and this final plat, other than those required by the Planning Commission, please explain the nature of these changes:

9. Explain any waivers of the subdivision regulations granted with the preliminary plat or requested with this application:

10. Applicant _____
Address _____
Phone Number _____ E-Mail _____
11. Property Owner _____
Address _____
Phone Number _____ E-Mail _____
12. Engineer / Surveyor _____
Address _____
Phone Number _____ E-Mail _____
13. Authorized Representative _____
Address _____
Phone Number _____ E-Mail _____

I hereby agree to comply with the Subdivision Regulations of the City of Salina, Kansas, and all other pertinent ordinances of the City of Salina and statutes of the State of Kansas. In addition, it is agreed that all costs of recording the plat and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner or applicant.

Applicant(s)
Signature _____ Date _____